

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

57475

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number **015-006146**

GENERATOR (Generator Must Complete)		③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)		④ Alternate TSD Facility	
Name ALUMINUM COMPANY OF AMERICA ② Name VERNON WORKS		Name OPERATING INDUSTRIES		Name BKK CO.	
EPA NO. CAD074126681		EPA NO. CAD080012024		EPA NO. CAD067786749	
Address 5151 ALCOA AVE Phone No. 588-6141		Address 900 N. POTRERO GRANDE DR.		Address 2210 AZUSA AVENUE	
City, State, Zip VERNON, CA 90058		City, State, Zip MONTEREY PARK, CA		City, State, Zip WEST COVINA, CA	

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER: 1			
WASTE			5000	GAL	TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS			
WASTE					<input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK			
					<input type="checkbox"/> OTHER			

⑥ WASTE CATEGORY #7		⑦ EX. HAZ. WASTE PERMIT NO.		⑧ GENERATING PROCESS ALUMINUM FABRICATION	
LIST COMPONENTS:		CONC. UPPER	RANGE LOWER	UNITS	
⑨ A. WATER		98		<input type="checkbox"/> % <input type="checkbox"/> ppm.	E. _____
B. SLUDGE		2		<input type="checkbox"/> % <input type="checkbox"/> ppm.	F. _____
C. _____				<input type="checkbox"/> % <input type="checkbox"/> ppm.	G. _____
D. _____				<input type="checkbox"/> % <input type="checkbox"/> ppm.	
⑩ WASTE PROPERTIES: pH 7		Non Hazardous Material _____ %			
		<input type="checkbox"/> Toxic	<input type="checkbox"/> Flammable	<input type="checkbox"/> Corrosive/Irritant	<input type="checkbox"/> Reactive
⑪ PHYSICAL STATE: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Sludge <input type="checkbox"/> Slurry <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Other		ALUMINUM OXIDES & WATER			
⑫ SPECIAL HANDLING INSTRUCTIONS: <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator <input type="checkbox"/> Other					

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ *[Signature]* **3/30/83**
Signature of Authorized Agent and Title Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)		⑮ PICK-UP DATE 3-30-83	
⑭ NAME ASBURY OIL CO.		TIME 11:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
EPA NO. CAD028277036		⑯ <i>[Signature]</i> 3-30-83 Signature of Authorized Agent and Title Date	
ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392			
CITY, STATE, ZIP Gardena, California 90249			

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)		⑲ STATE FEE (If Any)	
⑰ NAME Operating TSD Inc.		⑲ P7	
EPA NO. CAD080012024			
PHONE NO. _____			
⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: _____		⑳ HANDLING OR DISPOSAL METHOD:	
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: _____		<input type="checkbox"/> Surface Impoundment <input checked="" type="checkbox"/> Landfill	
⑳ NAME _____		<input type="checkbox"/> Injection Well <input type="checkbox"/> Land Treatment	
EPA NO. _____		<input checked="" type="checkbox"/> Treatment (Specify) _____	
		<input type="checkbox"/> Recovery or Reuse <input type="checkbox"/> Storage/Transfer	
⑳ <i>[Signature]</i> 3-30-83 Signature of Authorized Agent and Title Date Accepted			

ORIGINAL